Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Filing at a Glance

Company: Vanliner Insurance Company

Product Name: Interline Endorsement - Basket SERFF Tr Num: VANL-125368031 State: Arkansas

Deductible Endorsement

TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Tina Kampwerth Disposition Date: 11/30/2007

Date Submitted: 11/29/2007 Disposition Status: Approved

01/01/2008

State Filing Description:

General Information

Project Name: Interline Endorsement - Basket Deductible Endorsement Status of Filing in Domicile: Pending

Project Number: VL9324 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/30/2007

State Status Changed: 11/30/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Vanliner Insurance Company is seeking approval on the attached Basket Deductible Endorsement. This endorsement is being filed as an interline form. Specific lines of business: Commercial Automobile Bodily Injury Liability, Commercial Automobile Property Damage, Commercial Auto Physical Damage, Commercial General Liability, Inland Marine - Movers and Warehousemen's and Inland Marine - Motor Truck Cargo.

Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Company and Contact

Filing Contact Information

Tina Kampwerth, Senior Compliance Tina_Kampwerth@Vanliner.com

Coordinator

One Premier Drive (800) 325-3619 [Phone] St. Louis, MO 63026 (636) 305-4270[FAX]

Filing Company Information

Vanliner Insurance Company CoCode: 21172 State of Domicile: Arizona

One Premier Drive Group Code: -99 Company Type: St Louis, MO 63026 Group Name: State ID Number:

(636) 343-9889 ext. [Phone] FEIN Number: 86-0114294

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50/filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Vanliner Insurance Company \$50.00 11/29/2007 16878417

Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/30/2007	11/30/2007

SERFF Tracking Number: VANL-125368031 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50

Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Disposition

Disposition Date: 11/30/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VANL-125368031 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50

Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Item Type Item Name Item Status Public Access

Supporting Document Uniform Transmittal Document-Property & Approved Yes

Casualty

Form Basket Endorsement Approved Yes

Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Basket	VL9234	10 07	Endorseme New		0.00	Basket
	Endorsement			nt/Amendm			Deductible.p
				ent/Conditi			df
				ons			

VANLINER INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BASKET DEDUCTIBLE ENDORSEMENT

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

ENDORSEMENT

Effective Date	Policy Number	
At 12:01 A.M. Standard Time Named Insured	Countersigned by	

(AUTHORIZED REPRESENTATIVE)

Notwithstanding any inconsistent language in the deductible provisions contained in all other parts of this policy, any single occurrence, accident, or loss as defined in the referenced forms, shall be subject to only one deductible provision. If only one coverage section is involved in the occurrence, accident or loss, the deductible specific to that coverage shall apply.

It is hereby agreed and understood that a basket deductible of [in the event of a loss including two or more of the following coverage] will apply s:
☐ Commercial Automobile Bodily Injury Liability	
Commercial Automobile Property Damage	
☐ Commercial Automobile Physical Damage	
☐ Commercial General Liability	
☐ Motor Truck Cargo	

All other terms and conditions of the policy remain unchanged.

Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline Endorsement - Basket Deductible Endorsement

Project Name/Number: Interline Endorsement - Basket Deductible Endorsement /VL9324

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 11/30/2007

Property & Casualty

Comments:

Basket Endorsement

Attachments:

AR Itr.pdf

Basket P & C and Form.pdf



November 29, 2007

Commissioner Julie Benafield Bowman Arkansas Insurance Department 1200 West Third Street Little Rock, AR 72201

Re: Vanliner Insurance Company
NAIC# 000-21172
Federal I.D. #86-0114294
Interline Filing - Basket Deductible Endorsement – VL9324 10 07
Proposed Effective Date: January 1, 2008

Dear Ms. Bowman:

Vanliner Insurance Company is seeking approval on the attached endorsement. The proposed effective date is January 1, 2008.

The Basket Deductible Endorsement will apply in the event of a loss including two or more of the following coverages: Commercial Automobile Bodily Injury Liability; Commercial Automobile Property Damage; Commercial Automobile Physical Damage; Commercial General Liability; Movers and Warehousemen's Liability; and Motor Truck Cargo.

Notwithstanding any inconsistent language in the deductible provisions contained in all other parts of this policy, any single occurrence, accident, or loss as defined in the referenced forms, shall be subject to only one deductible provision. If only one coverage section is involved in the occurrence, accident or loss, the deductible specific to that coverage shall apply.

Should you have any questions or require additional information, please call me at 800-325-3619 extension 4609 or email me at Tina Kampwerth@Vanliner.com.

Sincerely,

Tina Kampwerth

Senior Compliance Coordinator

The Kangeworth

Enc.

Property & Casualty Transmittal Document (Revised 1/1/06)

	 Reserved for Insu 	rance	2. Ins	urance De	partment <mark>L</mark>	Jse only			
	Dept. Use Only a.			Date the filing is received:					
	b.			Analyst:					
				Disposition:					
			Date of disposition of the filing:						
			Effective date of filing:						
				New Business					
:				Renewal Business					
		ŀ	1	State Filing #:					
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				SERFF Filing #: Subject Codes					
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3.	Group Name						Group NAIC#		
4.	Company Name(s)			Domicile	· · · · · · · · · · · · · · · · · · ·	NAIC#	FEIN#		
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5.	Company Tracking N	umber	Bas	ket Deduct	ible Endorse	ment - VL93	24 10 07		
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Con	tact Info of Filer(s) or C Name and address	Corporate Of Title		[include toll ephone #s	-free number Fax #	:]	e-mail		
			Tel				e-mail npwerth@Vanliner.com		
	Name and address Vanliner Insurance Company	Title Senior Compliance	Tel	ephone #s	Fax #				
	Name and address Vanliner Insurance	Title Senior	Tel	ephone #s	Fax # 636-305-				
	Name and address Vanliner Insurance Company	Title Senior Compliance	Tel	ephone #s	Fax # 636-305-				
	Name and address Vanliner Insurance Company	Title Senior Compliance	Tel	ephone #s 325-3619	Fax # 636-305-4270	Tina_Kam			
	Name and address Vanliner Insurance Company	Title Senior Compliance Coordinator	Tel	ephone #s 325-3619	Fax # 636-305-4270	Tina_Kam			
6.	Name and address Vanliner Insurance Company Tina Kampwerth	Title Senior Compliance Coordinator	Tele 800-	ephone #s 325-3619	Fax # 636-305-4270	Tina_Kam			
7. 8.	Name and address Vanliner Insurance Company Tina Kampwerth Signature of authorized Please print name of authorized	Title Senior Compliance Coordinator filer thorized filer	Tele 800-	Pephone #s 325-3619	Fax # 636-305-4270	Tina_Kan			
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Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking # Basket Deductible Endorsement						
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]						
	Vanliner Insurance Company is seeking approval on the attaceThe effective date is upon approval, for Commercial Auto. Vanliner is filing for an approval date of 1/1/08.						
	The Basket Deductible Endorsement will apply in the event of a loss including two or more of the following coverages: Commercial Automobile Bodily Injury Liability; Commercial Automobile Property Damage; Commercial Automobile Physical Damage; Commercial General Liability; Movers and Warehousemen's Liability; and Motor Truck Cargo.						
	Notwithstanding any inconsistent language in the deductible provisions contained in all other parts of this policy, any single occurrence, accident, or loss as defined in the referenced forms, shall be subject to only one deductible provision. If only one coverage section is involved in the occurrence, accident or loss, the deductible specific to that coverage shall apply.						
22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]						
	neck#: mount:						
	er to each state's checklist for additional state specific requirements or instructions on ulating fees.						
	Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies nired, other state specific forms, etc.)						

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking # VL9324 10 07								
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)								
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?		If replacement, give form # it replaces	Previous state filing number, if required by state			
01	Basket Deductible	VL9324 10 07	New Replacement Withdrawn						
02			☐ Wit	olacement thdrawn					
03			☐ Nev ☐ Rep ☐ Wit	w olacement thdrawn					
04			Wit	olacement Indrawn					
05				v blacement hdrawn					
06			☐ Wit	lacement hdrawn					
07			☐ Wit	lacement hdrawn					
08	7		☐ Wit	lacement hdrawn					
09			☐ Wit	lacement hdrawn					
10				v lacement hdrawn					